

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N05000006455**

1. Entity Name  
PARADISE BEACH RESORT OWNERS ASSOCIATION,  
INC.



Principal Place of Business  
502 HARMON AVENUE  
PANAMA CITY, FL 32401

Mailing Address  
502 HARMON AVENUE  
PANAMA CITY, FL 32401



03242008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
20-4356299

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**8. Name and Address of Current Registered Agent**

WILLIAMS, JACK G  
502 HARMON AVENUE  
PANAMA CITY, FL 32401

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000871584  
04/10/08-80003-008 61.25

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME ANTE, MARK E JR.  
STREET ADDRESS 8715 SURF DRIVE, STE. 1701  
CITY-ST-ZIP PANAMA CITY BEACH, FL 32408

TITLE D  
NAME PARSONS, DAVID W  
STREET ADDRESS 9 TWIN OAKS LANEL  
CITY-ST-ZIP DOTHAN, AL 36303

TITLE D  
NAME KNOWLES, TRACY  
STREET ADDRESS 2802 TURNER CIRCLE  
CITY-ST-ZIP DOTHAN, AL 36303

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Tracy Knowles*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/25/08*  
Date

*334-7985142*  
Daytime Phone #